| | PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004 | | | | | | | | Application or Docket Number | | | |
|--------------------------|--|---|-----------------------|---|-------------|--|---------------------|------------------------|------------------------------|--------------|---|--|
| | | CLAIM | | ED - PART | | | SMALL TYPE | ENTITY | 10/ | | SER THA | |
| U | .S. NATION | AL STAGE FEE | | Solution 1) | (Colur | nn 2) | RATE | | | | | |
| В/ | BASIC FEE | | SMAL | L ENT. = \$ 150 | LARGE EN | Г. = \$ 300 | BASIC FEE | | | RATE | | |
| ΕX | MINATION | FEE | | Satisfies PCT Article 33(1)- (4) = \$ 50 / \$ 100 | | All other situations = | | | ' | DR BASIC FEE | -120 | |
| SEARCH FEE | | | U.S. is IS ALL off | U.S. is ISA = \$50 / \$100 ALL other countries = \$ 200 / \$400 | | \$ 100 / \$ 200 All other situations = \$ 250 / \$ 500 | | E | | SEARCH F | - 127k | |
| FEE FOR EXTRA SPEC. PGS. | | | | minus 100 = | | / 50 = | | = | \dashv | X \$ 250 | _//// | |
| TOTAL CHARGEABLE CLAIMS | | | 1/3 | 3 minus 20 = * | | | | | \dashv | } | | |
| NDEPENDENT CLAIMS | | | 13 | minus 3 = . | | | | | 0 | | | |
| IUI | LTIPLE DEPE | ENDENT CLAIM F | RESENT | | | \Box | + \$ 180 = | | | | | |
| If | the differen | ce in column 1 i | s less than : | zero, enter "0" | in column 2 | n column 2 | | | OF | <u> </u> | - | |
| } ⊦ | Total | REMAINING AFTER AMENDMENT | Minus | PAID FO | SLY EX | SENT TRA | RATE X \$ 25 = | ADDI- TIONAL FEE | | RATE | ADD TION FEE | |
| | Total | * | Minus | ** | = | | X \$ 25 = | | OR | X \$ 50 = | + | |
| | Independent | * | Minus | *** | = | | X \$ 100 = | - | OR. | X \$ 200 = | 1 | |
| | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIN | | | | MM [|] | + \$ 180 = | | OR | + \$ 360 = | 1 | |
| | | | | | | | TOTAL ADDIT. FEE | | OR | TOTAL ADDIT | | |
| | | (Column 1) | | (Column 2 | l) (Colum | | | | - | | | |
| \vdash | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSL PAID FOR | PRESE | ENT | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE | |
| | otal | * | Minus | ** | = | $\neg \mid \mid$ | X \$ 25 = | | OR | X \$ 50 = | | |
| | dependent | * | Minus | *** | = | | X \$ 100 = | | OR | X \$ 200 = | | |
| ١. | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | - | + \$ 180 = | ,6 | OR | + \$ 360 = | | | | |
| Ľ | | | | · | | | TOTAL ADDIT. | | L | OTAL ADDIT. | | |

whe righest number Previously Paid For IN THIS SPACE is less than "20", enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than "3", enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.